
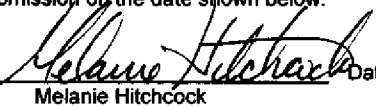


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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| In re application of: Schuler et al. Application No: 10/734,076 Confirmation No: 7962 Filed: December 10, 2003 Title: METERED DOSE INHALER WITH LOCKOUT | Group No: 3772 Examiner: Nihir B. Patel Attorney Docket No: NK.130.00 November 5, 2008 San Francisco, California 94107 |
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| Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Papers Enclosed <input checked="" type="checkbox"/> Supplemental Appeal Brief (22 pg) <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">Extension of Time</th> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136</td> </tr> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2">Extension Fee</th> </tr> <tr> <td></td> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,100.00</td> <td style="text-align: center;">\$555.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total \$ 130.00</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. </td> </tr> </table> | Extension of Time | | | <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136 | | | Extension (Months) | Extension Fee | | | Large Entity | Small Entity | <input checked="" type="checkbox"/> One Month | \$130.00 | \$65.00 | <input type="checkbox"/> Two Months | \$490.00 | \$245.00 | <input type="checkbox"/> Three Months | \$1,100.00 | \$555.00 | Total \$ 130.00 | | | <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. | | |
|--|---|-------------------|--|--|--|--|--|--------------------|---------------|--|--|--------------|--------------|---|----------|---------|-------------------------------------|----------|----------|---------------------------------------|------------|----------|------------------------|--|--|---|--|--|
| Extension of Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Large Entity | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> One Month | \$130.00 | \$65.00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two Months | \$490.00 | \$245.00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fees for Extra Claims | | | | | | |
|---|----------------------------------|------------------------------------|--------------|--------------|--------------|----------------|
| | Claims remaining after amendment | Highest number previously paid for | Number Extra | Rate | | Additional Fee |
| | | | | Large Entity | Small Entity | |
| Total Claims | 14 | 40 | 0 | \$52.00 | \$26.00 | \$0.00 |
| Independent Claims | 2 | 4 | 0 | \$220.00 | \$110.00 | \$0.00 |
| Multiple Dependent Claims | | | 0 | \$390.00 | \$195.00 | \$0.00 |
| Supplemental Information Disclosure Statement | | | | | | |
| Total | | | | | | \$0.00 |

| | | | | | | | |
|--|-----------------|----------|-----------------------|--------|--------------|-----------------|--|
| Fee Payment <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Extension Fees</td> <td style="text-align: right;">\$130.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$130.00</td> </tr> </table> | Extension Fees | \$130.00 | Fees for Extra Claims | \$0.00 | Total | \$130.00 | Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> . Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107 Respectfully Submitted, <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  By: <u>Guy V. Tucker</u> Registration No. 45,302 </div> <div style="text-align: right;"> Date: <u>November 5, 2008</u> </div> </div> |
| Extension Fees | \$130.00 | | | | | | |
| Fees for Extra Claims | \$0.00 | | | | | | |
| Total | \$130.00 | | | | | | |
| <input type="checkbox"/> Attached is check no. _____ in the sum of \$ 0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$130.00 . CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or transmitted via electronic submission on the date shown below. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  By: <u>Melanie Hitchcock</u> Date: <u>November 5, 2008</u> </div> </div> | | | | | | | |